



# Unannounced Care Inspection Report

## 9 March 2020



## Action on Hearing Loss

**Type of Service: Residential Care Home**  
**Address: 1-2 Harkness Gardens, Londonderry, BT47 6GG**  
**Tel No: 028 7134 1005**  
**Inspector: Priscilla Clayton**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 6 residents within the categories of care as shown below in section three of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Royal National Institute for Deaf People t/a Action on Hearing Loss  <b>Responsible Individual:</b> Sharon Ford	<b>Registered Manager and date registered:</b> Ann Patricia Kelly 1 April 2005
<b>Person in charge at the time of inspection:</b> Ann Patricia Kelly	<b>Number of registered places:</b> 6
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability SI – Sensory impairment.	<b>Total number of residents in the residential          care home on the day of this inspection:</b> 6

### 4.0 Inspection summary

An unannounced inspection took place on 9 March 2020 from 11.00 hours to 14.30 hours.

This inspection was undertaken by the care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to how staff treated residents with dignity and respect, involving them in decisions affecting their care and life in the home. Other areas of good practice included, provision of staffing, statutory notifications of incidents and effective communication between staff and residents.

Areas requiring improvement included the inclusion of manual handling assessment within care records and fall risk within one care plan.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents and staff during are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ann Patricia Kelly, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 15 November 2019.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 2 March 2020 to 9 March 2020
- two residents' records of care
- complaint records
- compliment records
- accident/incident records from 1 February 2020 to 9 March 2020
- RQIA registration certificate
- Accidents/incidents
- Indemnity insurance

The findings of the inspection were provided to Ann Patricia Kelly, Registered Manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 15 November 2019

There were no areas for improvements made as a result of the last care inspection.

## 6.2 Inspection findings

On arrival at the home we were welcomed by the support worker and later by the manager who explained that she was conducting interviews and would return to the home for the findings of the inspection.

The atmosphere within the home was warm and relaxed with staff assisting and communicating with residents in a respectful manner using signage, verbal, and non-verbal cues. Residents were observed to be in various areas of the home where they participated in suitable activities. Some residents had left the home with staff to go to the local shopping centre.

### Staffing

We could see that throughout the day there was always sufficient staff to meet the needs of the residents and this was reflected within the duty rota. No concerns were raised by staff or residents in relation to the staffing arrangements. One resident was being individually supervised by a support worker in accordance with their behavioural support care plan.

Discussion with staff confirmed that they felt supported in their roles by way of supervision, appraisals and staff meetings and could approach their manager at any time.

The manager explained that she had interviewed for replacement support worker and bank staff.

### Staff training

A programme of staff training was in place. Records included on-going mandatory and professional development training. Staff spoke positively about training provided. Training in moving and handling was scheduled to take place on 10 and 14 March 2020. The manager advised that staff training in Mental Health Capacity – Deprivation of Liberty Safeguards (DOLS) was a work in progress for support staff with senior staff all trained in Level 3. Training in this regard will be reviewed at the next inspection.

### Activities

The range of activities and social outings provided was discussed with the support workers. On the day of inspection some residents were out at work placements while others undertook various jobs within the home. Records of activities in which residents participated were recorded within care records which included for example, DVD, disco evenings out, picnics, bowls, swimming and walks.

## **Meals**

Residents' meals are cooked in the home. Staff cook main meals for residents although one resident prefers to cook their own. Main meals are provided at breakfast, lunch (mid-day) and dinner in the evening. Residents can assess snacks outside of the main meal times.

Weekly pictorial menus in place were varied and nutritious. Staff told us that residents choose which foods they liked and menus were agreed. Records of meals taken by residents who have diminished appetites 'or weight loss are retained with weights recorded and closely monitored. When necessary the general practitioner (GP) is informed.

Residents indicated the food was good and they always had enough to eat. There was a plentiful supply of food and vegetables, frozen and fresh, stored within the home.

The kitchen was fully equipped with all items of equipment reported to be in good working order. The home had achieved a rating of 5 for food hygiene from environmental health.

## **Accidents and incidents**

Records of accidents and incidents recorded were discussed and cross referenced with those submitted to RQIA. The manager advised that accidents and incidents were closely monitored for trends and patterns with measures in place were required to minimise risks identified. One notification discussed will be followed up with the finance inspector at the next inspection.

## **Care records**

We reviewed two care records which contained documents including, history/profiles, preferred means of communication, assessments which reflected support needs, pictorial signage, decision making agreement, person centred care plans and progress notes. There was evidence of multi-professional input into planned care. Weight records were retained on file. One area identified for improvement related to the inclusion of manual handling risk assessment and measures to minimise falls within one care plan.

Staff who spoke with us demonstrated good knowledge and understanding of residents' holistic care needs and planned interventions.

## **Environment**

The home was clean, tidy, appropriately heated and organised. Residents' bedrooms were personalised with items of memorabilia including photographs, art work, duvets, ornaments, and pictures. Bedrooms and communal areas were appropriately furnished and decorated. Wash rooms were clean and tidy. Staff confirmed they had a plentiful supply of infection, prevention and control (IPC) resources including disposable gloves, aprons liquid hand soap and sanitizer. One area identified for improvement related to the wall panels within two shower rooms which need attention. The manager advised that tiles had been purchased to replace the dislodged wall sheeting.

## **Areas of good practice**

Evidence of good practice was found in relation to how staff treated residents with dignity and respect, involving them in decisions affecting their care and life in the home. Other areas of

good practice included, provision of staffing, training, statutory notifications of incidents and effective communication.

### Areas for improvement

Areas requiring improvement included the inclusion of manual handling assessment within care records and fall risk within one care plan.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann Patricia Kelly, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 16 March 2020	The registered person shall ensure the manual handling risk assessment is retained on file and fall risk reflected within one care plan.
	<b>Response by registered person detailing the actions taken:</b> Risk assessment re Manual handling completed 12.03.20.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2020	The registered person shall ensure that two walls within shower rooms are made good.
	<b>Response by registered person detailing the actions taken:</b> Tiler had been arranged and tiles purchased. Work postponed until restrictions regarding non essential visitors/maintenance to reduce footfall due to Covid-19 lifted. Restrictions commenced in WH&SCT area before St Patricks day. 10.06.20 I have checked with the tiler regarding availability when we can

*\*Please ensure this document is completed in full and returned via Web Portal\**



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